



Delaware Board of Accountancy Application for Firm Permit to Practice  
Page 2

A copy of the Delaware business license issued by the Division of Revenue must be attached to this application.

**24 Delaware Code §111(h) requires that each office of the firm within this state be registered and under the charge of a person holding a valid permit to practice issued by the Board.**

Please list each office of the firm in this State and identify the individual in charge.

Address of Office(s) in Delaware	Person in Charge	DE Permit No.

**PLEASE NOTE THAT 24 DEL. C. § 111(g) REQUIRES WRITTEN NOTIFICATION WITHIN THIRTY (30) DAYS AFTER ITS OCCURRENCE OF ANY CHANGE IN THE IDENTITIES OF PRINCIPALS WHO WORK REGULARLY WITHIN THIS STATE, ANY CHANGE IN THE NUMBER OR LOCATION OF OFFICES WITHIN THIS STATE, ANY CHANGE IN THE IDENTITY OF THE PERSONS SUPERVISING SUCH OFFICES, AND ANY ISSUANCE, DENIAL, REVOCATION OR SUSPENSION OF A PERMIT ISSUED BY ANY OTHER STATE TO THE FIRM OR ANY PRINCIPAL OR EMPLOYEE REGULATED BY THE BOARD.**

**The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 4-8 weeks to receive your permit.**

#### **AFFIDAVIT**

The undersigned, being duly sworn, deposes and says that he/she is expressly authorized to apply for a Firm Permit to Practice pursuant to 24 *Del. C.* § 111 on behalf of the business entity indicated below, and that upon issuance by the Board of a Firm Permit to Practice for \_\_\_\_\_, that firm expressly agrees and consents to be bound by professional standards no less stringent than those stated in 8 *Del. C.* § 608. The undersigned further deposes and says that he/she has read and reviewed the information provided in the attached Application For Firm Permit to Practice and that the information and statements contained therein are true and correct, and that he or she understands that the provision of false information or employing or knowingly cooperating in fraud or material deception in order to be licensed is grounds for DENIAL OF LICENSURE OR DISCIPLINARY ACTION.

\_\_\_\_\_  
Name of Firm

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

DE Permit No.: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

SEAL

\_\_\_\_\_  
Signature of Notary Public

My Commission expires \_\_\_\_\_